PROFESSIONAL DEVELOPMENT ACTIVITY APPLICATION FORM

SECTION A: ACTIVITY PROFILE
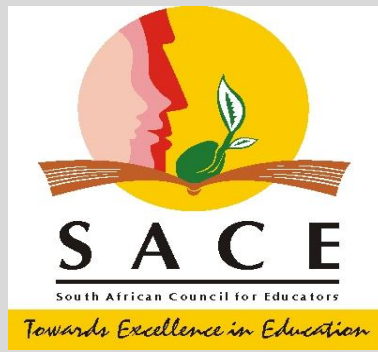
NAME OF PROVIDER:	
ACTIVITY/PROGRAMME/COURSE NAME:	
DURATION OF THE ACTIVITY/PROGRAMME/COURSE:	
PURPOSE OF ACTIVITY: **What is the purpose of this activity? (not exceeding 300 words)**	

TARGET AUDIENCE: (Please describe the target group for this activity)

OUTCOMES OF THE COURSE/ACTIVITY/PROGRAMME: (make sure they are clearly defined, realistic, appropriate for the target group and inclusive of Skills, knowledge and values)

DETAILED SUMMARY OF THE CONTENT OF THE COURSE/ACTIVITY/PROGRAMME (You may attach a complete manual/ booklet as an annexure or appendix):

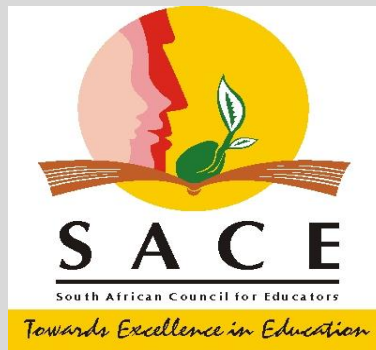| |
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| Explain how the outcomes are linked to the content and assessment? |
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| **Give an explanation on how the purpose and scope of your PD activity meets each of the following AND / OR why certain of these criteria items are irrelevant to your activity / programme (you may attach a document if the space is not enough):** |
| **RELEVANCE:** a) What is the rationale of the activity/programme/course with reference to education policies, diagnostic reports, Human Resource issues, current curriculum practice or any other system assessments (e.g. National Curriculum Statements-CAPS? How does your activity contribute to the realisation of any of these? |
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| b) Does your activity/programme/course contain clear planning relating activities to outcomes? Is time allocated per activity reasonable and realistic? Is the number and duration of activities suitable to achieve each learning outcome? |
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c) Explain how your activity/programme/course strengthens competence of prospective participants (subject matter knowledge, pedagogical content knowledge, knowledge of learning and curriculum, general pedagogical knowledge, knowledge of participants management and leadership competence, class management, communication skills, team working skills, 21st century skills and ICT.

d) Does your activity/programme/course strengthen professional commitment and attitudes of participants? If yes justify

e) Is it clear for prospective participants how they can apply your activity/programme/course in practice (developing awareness, building knowledge and understanding, translate knowledge into practice, practising new knowledge and creating opportunities to reflect)?
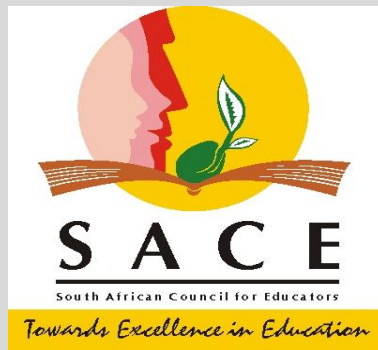
TEACHING METHOD(S): List and briefly describe the teaching method(s)t that you are going to use.

Is your activity/programme/course using appropriate teaching and learning methods? If yes justify your answer.
Specify how your activity/programme/course deals in its teaching methods with diversity in background, experience, prior knowledge and learning preferences?
Does your activity/programme/course include a discussion or reflection on how new skills and knowledge can be applied by participants in their teaching environments? If Yes, justify
ASSESSMENT: Provide evidence on how your activity design, plans for assessment as well as the use of participants' prior knowledge and interests are addressed? (please attach your assessment tools):
Please expatiate how the outcomes of your activity/programme/course are linked to the content and assessment?

LEARNING AND TEACHING SUPPORT MATERIAL (LTSM): Indicate how your training materials support the learning outcomes.

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How are the materials and activities going to strengthen teaching in a variety of classroom and teaching environments?

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EQUITY: What efforts do you make in your programme to promote access by all (in terms of financial means, geography, language and gender)

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DELIVERY STRUCTURE (program/plan for delivery) and duration: Have you attached this with clear time allocation?

CATEGORY OF YOUR ACTIVITY: (Indicate with "X"):	Curriculum/Subject/Learning-area specific (please specify)		Leadership and Management	
	ICT-integration		Wellness programme	
	Special Needs and Inclusive Education		Labour Relations	
	School Discipline		Ethical Conduct	
	Sports, Arts and Culture field		Policy Development and Implementation	
	ETD practitioner based		Research	
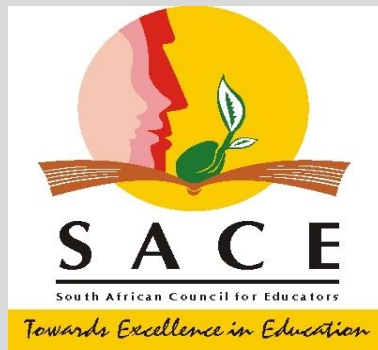
	Communication-related			

MONITORING and EVALUATION: How do you collect feedback (about content, method, pace…) from your participants (both qualitative and quantitative)?
ADMISSION CRITERIA TO THE ACTIVITY/PROGRAMME (Indicate the minimum requirements for admission to this activity/programme/course.

What is the NQF level of the activity/programme/course (where relevant)?		

| In cases of qualification, please indicate is there is Council for Higher Education (CHE) accreditation:	Yes	No
Is the qualification registered on the (NLRD)	Yes	No
Please supply us with the qualification registration number:		

TYPE OF ACTIVITY/PROGRAMME/COURSE:

(Indicate with "X"):

	Full/Part qualification	
	Module-based	
	Short course	
	Workshop	

METHOD/MODE OF DELIVERY:

(Indicate with "X"):
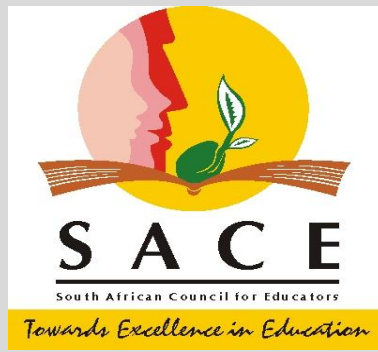
	Distance Learning	
	Face to Face	
	Mixed Mode	
	Online/virtual	

SECTION B: FACILITATION PROFILE

Where will this activity/programme be presented?
Indicate the different languages in which this activity is presented

PARTICIPANTS SUPPORT

Indicate the form of integrated follow up support that will be provided to the participants after your training.
Does your activity contain links with school-based Professional Learning Communities (PLCs)? Please expatiate.

From where do you recruit your presenters/facilitators?
(Indicate with "X"):

	Current practicing teachers	
	Retired/Resigned teachers	
	College/University Lecturers	
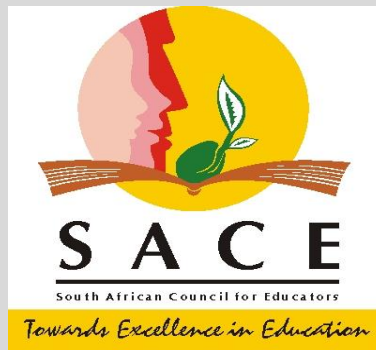
	Retired lecturers	
	Consultants	
	Current office-based educators	
	Retired office-based educators	
	Unemployed educators	
	Outsourced from NGOs/Other providers/FBOs/CBOs	

Details of Presenters/Facilitators:

What is the duration of your PD activity/programme? If it is from 6 days upwards. **YOU MUST PROVIDE SACE WITH THE FOLLOWING:**

-Details of Presenters/Facilitators names;

-Certified copies of ID,

-Qualifications and CV. **NOTE: Uncertified documents are not accepted**

Please ensure that your application contains all the above-mentioned attachments if its duration is from 6 days upwards before sending it to SACE.

	Yes	No
Are you collaborating with any other provider/partner in providing this Activity/Programme? (Indicate with "X"):		

If yes, please specify with whom:	

SUPPORT INFORMATION (MANDARTORY/COMPULSORY INFORMATION NEEDED)

Please include or indicate in the application form the following which you will use in your activity/programme:
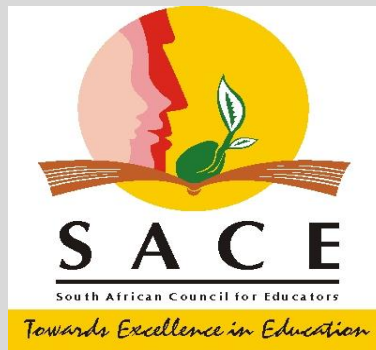
- Course outline or programme
- Presentations
- Learning material or description of learning activities
- Assessment tasks
- Assessment tools and training manuals
- Program with time allocation

You may indicate when materials are still under development or have draft status

NB: ANY MATERIALS RECEIVED WILL NOT BE PASSED TO THE THIRD PARTIES

N.B: COMPLETE WHOLE FORM

Provider Declaration and Code of Good Practice

The following code of good practice is binding to all SACE approved service providers whose professional development activities have been endorsed.

- ❖ It is our policy to ensure that we maintain and achieve the highest possible standards with respect to professional development of educators in our organization.

- ❖ We strive to give our educators the best and most effective professional development activities that meet their developmental needs and requirements.

- ❖ We will maintain and continually improve our quality management system.

- ❖ We commit to maintain and adhere to SACE approval standards and we will respect the copyright laws and avoid plagiarism by declaring all the sources used in our material

- ❖ We commit ourselves and our organizations/institutions to SACE monitored site visits, virtual or face to face.

- ❖ We agree to the publication of our activities/programmes and delivery sites in the SACE professional development catalogue.

- ❖ We commit ourselves to submit reports (activities and CPTD points) on educators who have participated in our trainings/programmes. (report educators' participation and PD points to SACE through the register or the provider Self Service Web-Portal)

We understand and accept that SACE has the authority to withdraw/terminate our approval and endorsement status with immediate effect should we default in complying with all the prescripts as set out.

Signed on this day …………………….. Of …………………………. 20……...

Signature ……………………………………………………………

PROFESSIONAL DEVELOPMENT ACTIVITY APPLICATION FORM
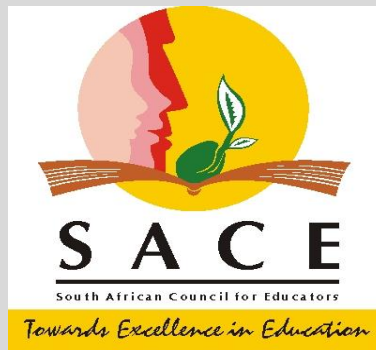
RETURN DETAILS TO

Attention: Mr Theo Toolo
Email: provider@sace.org.za
Fax: 086 538 5952

Postal address: Private Bag x 127   **OR**
Physical address: Block 1 Crossway Park, 240 Lenchen Avenue, Centurion, 0057

SECTION C: FOR OFFICE USE ONLY

**Compliance Requirements Checklist for PD Activities whose duration is 6 days upwards**

Circle the appropriate box.

COMPLIANCE REQUIREMENTS		
Endorsement requirements		
Name of Provider	**Yes**	**No**
Name of professional development activity	**Yes**	**No**
Nature of Activities Accreditation Indicated	**Yes**	**No**
Duration of activity/programme stated	**Yes**	**No**
Category of your activity stated	**Yes**	**No**
Target audience stated	**Yes**	**No**
Method/mode of delivery stated	**Yes**	**No**
The different languages in which this activity is presented indicated	**Yes**	**No**
Details of Presenters/Facilitators names; certified copies of ID, qualifications and CV provided. **NOTE: Uncertified documents are not accepted**	**Yes**	**No**

SECTION D: FOR OFFICE USE ONLY

FOR OFFICE USE ONLY:	
Activity Number	

PROFESSIONAL DEVELOPMENT ACTIVITY APPLICATION FORM
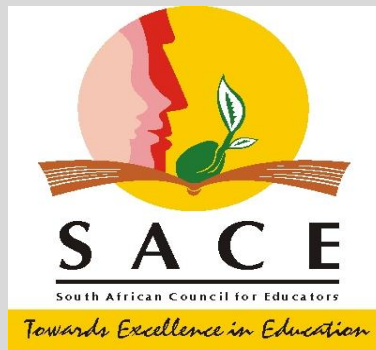
Everything Submitted	Yes	No
Missing Information and Details		
Follow-up made with Provider		
Was Follow-Up Made? (Indicate Yes or No)	Yes	No
Date of Follow-up:	Day: ___ Month: _____ Year: _____	
Endorsement Decision (Encircle):	Yes	No
Number of Points Allocated:		

Recommended for Evaluation By:

Name & Surname: _____

Title: _____

Signature: Date:

_____   Day: ____ Month: _____ Year: _____

Approved for Submission to Evaluation Committee By:

CPTD Coordinator: Name & Surname: _____

Signature: Date:

_____   Day: ____ Month: _____ Year: _____

PD Manager: Name & Surname: _____

Signature: Date:

_____   Day: ____ Month: _____ Year: _____

Head: Legal of Ethics & PD: Name & Surname: _____

Signature: Date:

_____   Day: _____   Month: _____   Year: _____